

## **Office of People's Counsel**

# BALTIMORE CITY WATER BILL ASSISTANCE RESOURCE GUIDE

Maryland People's Counsel

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**REVISED** 

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## **Water Bill Assistance**

Baltimore City residents receive their water and sewer services from Baltimore City. These services are not regulated by the Public Service Commission (PSC). You must contact the Baltimore City Department of Public Works (DPW) directly if you have a dispute about your water usage or your bill, want to apply for assistance programs, or if you have trouble paying your bill.

**IMPORTANT:** Non-payment of water and sewer bills can result in loss of water service. Continued non-payment can result in a tax sale of the property by the City.

#### **Baltimore City DPW Water Bill Assistance**

The City DPW has 3 financial assistance programs. Eligibility is based on income or age, and other factors.

- Low-Income Water Assistance Program
- Hardship Exemption Program
- Senior Citizen Water Discount Program

The City DPW offers **alternative payment plan** options to residents who are behind in their bills.

The City DPW also has a **medical exemption program** to avoid a shut-off of water service.

#### **How to Apply for these Programs**

**Online:** https://publicworks.baltimorecity.gov/waterbilling.Information

**Phone:** 410-396-5398 (information and forms)

**Address:** Baltimore City Department of Public Works

Customer Support and Services Division

200 Holiday Street Baltimore, MD 21202

**Please note:** Bill Payment and Medical Exemption options are on the 1<sup>st</sup> floor, Room 8

Hardship option is on the 4<sup>th</sup> Floor

**Assistance Locations:** Community Action Centers (p. 6)

Senior Centers (p. 5) (senior discounts only)

#### **Low-Income Water Assistance Program**

This program assists eligible City residents who are behind in their bills. The assistance is in the form of a **\$216 bill credit**.

**Eligibility:** An applicant must be a City resident and account-holder, be income eligible, and reside on the property. The account must be past-due, and the applicant must not have an existing payment plan.

• **Income Guidelines:** 0-175% of federal poverty level (Below)

| FY 2018 175% Poverty Level Guidelines |                           |                       |  |  |
|---------------------------------------|---------------------------|-----------------------|--|--|
| Household Size                        | Max.<br>Monthly<br>Income | Max. Yearly<br>Income |  |  |
| 1                                     | \$1,759                   | \$21,105              |  |  |
| 2                                     | \$2,368                   | \$28,420              |  |  |
| 3                                     | \$2,978                   | \$35,735              |  |  |
| 4                                     | \$3,588                   | \$43,050              |  |  |
| 5                                     | \$4,197                   | \$50,365              |  |  |
| 6                                     | \$4,807                   | \$57,680              |  |  |
| For each<br>Additional person,<br>add | \$701                     | \$8,418               |  |  |

 Documents: Residency and income documents, and notices of delinquency, water shut-off or tax sale

**Condition**: Applicant must agree to a payment plan on the remaining past-due balance and pay current bills in full.

#### **Hardship Exemption Program**

This program exempts eligible customers from paying two charges on the bill: Chesapeake Bay Restoration Fee and the Stormwater Remediation Fee.

**Eligibility**: An applicant must be a City resident, the property owner or tenant, the account-holder and income eligible.

- **Income Eligibility**: 0-175% of Federal poverty level, or receives energy assistance (EUSP or MEAP), public assistance Supplemental Security, SSI, SNAP (food stamps), medical assistance, Social Security, SSI or veterans benefits
- Documents: Proof of ownership or lease of property and income

**Condition**: Account-holder must apply annually

#### **Senior Citizen Water Discount Program**

This program provides a 43% discount on water and sewer rates, and enrollment in the Hardship Exemption Program.

**Eligibility**: An applicant must be a City resident, the property owner or tenant, and the account-holder

- Age Eligibility: A principal resident must be age 65 or older
- **Income eligibility**: The combined household gross annual income must be \$30,600 or less
- **Documents**: Proof of ownership or lease, household income and age of principal resident

**Condition**: Account-holder must apply annually

#### **Alternative Payment Plans**

**12-month Plan**: Downpayment = 50% of past due balance plus payments on remaining balance in 12 installments (e.g.,  $$240 \text{ bill} \div 12 = $20/\text{month}$ )

• **Exempt from downpayment requirement**: Highly vulnerable residents, or those already enrolled in hardship exemption or senior citizen discount programs

**6-month Plan**: No downpayment and payments on past-due balance in 6 installments

**Eligibility**: An applicant must be a City resident, account-holder, and property owner or tenant, and have a past due bill

**Condition**: The applicant must not have missed full payments on a prior plan in the past 12 months, and must stay current on future bills. For plan with a downpayment, applicant must provide proof of payment of that amount.

#### <u>Medical Exemption Program – Prevents Water Shut-Offs</u>

This program prevents water shut-offs to qualified City account-holders if a household resident has a serious medical condition or is reliant on life support equipment.

**Eligibility**: An applicant must be a City resident, account-holder, and property owner or tenant, and the applicant or household member must have a certified medical condition.

**Certified Medical Condition**: A licensed physician must certify that the loss of water service will (1) aggravate an existing serious illness and endanger the patient's health; or (2) prevent the use of life support equipment (electric, gas or water-using device certified as essential to provide relief from a serious illness or to sustain the life of the patient.

**Documents**: Proof of ownership or lease and medical certification form signed by licensed physician.

**Conditions**: Account holder must apply annually. The account holder must enter into a payment arrangement and keep the account current.

#### **Additional Assistance Programs**

## • DSS Emergency Assistance

The Department of Social Services (DSS) emergency assistance programs may assist with City water and sewer bills. Contact your local DSS office for assistance.

## • 2-1-1 Maryland

211 is a referral service and may be able to refer a person with a past due bill or water shutoff to other services.

**Dial**: 211

**Email**: INFO@211MD.org

The Medical Certification to Prevent Water Turn-Off application can be found on page 7 or you may call 410-396-5398 to have one mailed to you. Once completed, the application can be submitted in person at 200 Holliday St. First Floor, Room 8, Baltimore, MD 21202.

#### **Baltimore City Senior Centers**

# Action in Maturity, Inc. (AIM)

Elizabeth Briscoe, Director 700 W. 40<sup>th</sup> Street Baltimore, MD 21211 Phone: (410) 889-7915 Fax: (410) 889-7921

#### **Allen Senior Center**

Ryta Arrington, Project Director 1401 TowsonStreet Baltimore, MD 21230 Phone: (410) 685-6224 Fax: (410) 685-6225

### Cherry Hill Senior Center at the Rowing Center

Jo Ann Cason 3301 Waterview Avenue Baltimore, MD 21230 Phone: (410) 396-2920

# Forest Park Senior Center

Rev. Daniel C.Worthy, Director 4801 Liberty Heights Avenue Baltimore, MD 21207 Phone: (410) 466-2124 Fax: (410) 466-2154

#### **Harford Senior Center**

Curleen Davis, Project Director 4920 Harford Road Baltimore, MD 21214 Phone: (410) 426-4009 Fax: (410) 426-0052

#### **Hatton Senior Center**

Adrienne Blumberg, Manager 2825 Fait Avenue Baltimore, MD 21224 Phone: (410) 396-9025 Fax: (410) 545-7891

# **Greenmount Senior Center**

Angela Lee, Project Director 425 E. Federal Street Baltimore, MD 21202 Phone: (410) 396-3552 Fax: (410) 528-8811

#### John Booth Senior Center

Rosalee Velenovsky, Center Manager 2601- A East Baltimore Street Baltimore, MD 21224 Phone: (410) 396-9202 Fax: (410) 396-9110

#### **Oliver Senior Center**

Karen Wheeler, Senior Center Manager 1700 N. Gay Street, Suite B Baltimore, MD 21213 Phone: (410) 396-3861 Fax: (410) 545-6239

#### Senior Network of North Baltimore

Gwen Lloyd, Director 5828 York Road Baltimore, MD 21212 Phone: (410) 323-7131 Fax: (410) 323-3576

# **Waxter Center for Senior Citizens**

Erika DesRavines - Senior Center Manager 1000 Cathedral Street Baltimore, MD 21201 Phone: (410) 396-1324 Fax: (410) 396-1330

## Zeta Center for Healthy and Active Aging

Leslie Yancey, Director 4501 Reisterstown Road Baltimore, MD 21215 Phone: (410) 396-3535 Fax: (410) 466-1864

#### **Baltimore City Community Action Partnership Centers**

#### **Southeast Community Action Center**

Adongo Matthews, Manager 3411 Bank Street Baltimore, Maryland 21224 (410) 545-6518

Fax: (410) 276-1804

#### **Eastern Community Action Center**

Diane Nesbitt, Manager 1400 East Federal Street Baltimore, Maryland 21213 (410) 545-0136

Fax: (410) 727-1318

#### **Northern Community Action Center**

Fernando Moore, Manager 5225 York Road Baltimore, Maryland 21212 (410) 396-6084

Fax: (410) 545-7960

#### **Southern Community Action Center**

Natalie McCabe, Manager 606 Cherry Hill Road, 2<sup>nd</sup> floor Baltimore, Maryland 21225 (410) 545-0900

Fax: (410) 545-1702

#### **Northwest District Community Action Center**

Desiree Mack, Manager 3939 Reisterstown Road Suite 105 Baltimore, Maryland 21215 (443) 984-1384

Fax: (410) 367-1896



## **Customer Support and Services Division**



# MEDICAL CERTIFICATION to PREVENT WATER TURN- OFF

| Applicant:   | Account Number:           |                                |             |  |
|--|---------------------------|--------------------------------|-------------|--|
| Street Address:  |                           |                                |             |  |
| City:  | Maryland:                 | Zip (                          | Code:       |  |
| Telephone Number:  | Relationship to Customer: |                                |             |  |
| This is to certify that above address.                                 |                           | is a resident                  | t of the    |  |
| Applicant's Signature:   |                           | Date:                          |             |  |
| If your account is delinquand keep your account co                     |                           | er into a payment arrangem     | ent         |  |
| Fo   | or questions, please      | call: (410) 396-5398           |             |  |
| THIS SECTION IS  | TO BE COMPLETE            | D BY A LICENSED PHYS           | ICIAN ONLY  |  |
| Patient's Name:  |                           |                                |             |  |
| I hereby certify that term   | ination of water se       | rvice will either (check all t | nat apply): |  |
| ☐ Aggravate an existi  | ng serious illness*       | or                             |             |  |
| ☐ Prevent the use of life support equipment by the person named above. |                           |                                |             |  |
| ** (Please print)**  |                           |                                |             |  |
| Physician's name:  |                           |                                | _           |  |
| Office Address:  |                           |                                | _           |  |
| Telephone Number:  |                           |                                | _           |  |
| City:  | State:                    | Zip Code:                      |             |  |
| Physician's Signature:   |                           | Date:                          |             |  |

This medical certification is valid for (1) year.